

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07070

7074

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Westover LENGTH OF STAY (in this place) 2 years		STATE Maryland COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED: (First) William (Middle) (Last) Collins		4. DATE OF DEATH: July 9 1955	
5. SEX: Male 6. COLOR OR RACE: white 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married		8. DATE OF BIRTH: Sept. 6, 1886 9. AGE last birthday: IF UNDER 1 YEAR Months Days Hours Min. 68 yrs.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY: carpentry	
11. BIRTHPLACE (State or foreign country): Delaware		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Raymond Collins		14. MOTHER'S MAIDEN NAME: Anna Sadler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service) no		16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: no no William H. Collins Jr. Smithsbury, Md.	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2 Chronic Myocarditis Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY		PLACE (Home, farm, factory, street, or office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> m. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 10, 1948, to July 9 <sup>th</sup> , 1955, that I last saw the deceased alive on July 9 <sup>th</sup> , 1955, and that death occurred at 8:30p.m., from the causes and on the date stated above. SIGNATURE (Degree or title) Princess Anne, Md. 7-12-55			
23. BURIAL, CREMATION, REMOVAL (Specify) burial		DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State) July 15, 1955 Harbaugh Cemetery Midvale, Pa.	
DATE REC'D BY LOCAL REGISTRAR		REGISTER'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS K. S. Johnson, M.D. Lewis R. Wilson Princess Anne, Maryland	

BUREAU Y. S.

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Reg. Dist.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 260

## 1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN ArundelLENGTH OF STAY  
(in this place)  
3 daysHOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Pa.

COUNTY

75A-3

CITY (If outside corporate limits, write RURAL and give nearest town)  
OR  
TOWN Philadelphia Pa.STREET  
ADDRESS

(If rural, give location)

4050 Irving Street3. NAME OF  
DECEASED:  
(Type or Print)(First) Edith (Middle) Beatrice (Last) Dean4. DATE  
OF  
DEATH July 26 (Month) (Day) (Year) 1955

## 5. SEX:

Female6. COLOR OR  
RACEColored7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify)Widowed

## 8. DATE OF BIRTH:

Mar. 9, 1895

## 9. AGE last birthday:

60IF UNDER 1 YEAR  
Months Days Hours Min.

yrs.

10a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if retired): Housewife10b. KIND OF BUSINESS OR  
INDUSTRY:11. BIRTHPLACE (State or foreign country): Oriole, Maryland 12. CITIZEN OF WHAT  
COUNTRY? A.S.A.

## 13. FATHER'S NAME:

William Lane

## 14. MOTHER'S MAIDEN NAME:

Anna Moddy15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service)No16. SOCIAL SECURITY NO.: 197-01-7527

## 17. INFORMANT &amp; ADDRESS:

Ethel Moddy Arundel Md.

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

163X

Immediate cause

(a) DUE TO

Malignancy of lungINTERVAL BETWEEN  
ONSET AND DEATH  
2 years

Antecedent cause(s)

(b) DUE TO

Diseases or conditions, if any,  
giving rise to the above cause  
stating underlying cause last

(c) DUE TO

I saw patient after death - Kirbyof leukemia and disease obtained fromII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH. Family19a. DATE OF OPERATION: March 17, 1954 19b. MAJOR FINDING OF OPERATION: Malignancy of right lung

20. AUTOPSY?

Yes  No 21a. EXTERNAL CAUSE WAS  
PRIMARY  or CONTRIBUTING  CAUSE OF DEATH. 21b. PLACE (Home, farm, factory,  
of street, office bldg., etc.,  
INJURY)21c. (City or town) Arundel (County) St. Mary's Co. (State) Md.21d. TIME (Month) (Day) (Year) (Hour)  
OF  
INJURY M.21e. INJURY OCCURRED  
While at Not while  
work  at work 

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and  
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .SIGNATURE R.H. JohnsonCHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED July 27, 195523. BURIAL, CREMATION,  
REMOVAL (Specify): BurialDATE THEREOF 7-29-55NAME OF CEMETERY OR CREMATORIUM St. James Cemetery ArundelLOCATION (City, town, or county) Arundel - Somerset - Md. (State)DATE RECD BY LOCAL  
REG. 7/28/55REGISTRAR'S SIGNATURE R.H. Johnson, M.D.24. FUNERAL DIRECTOR John H. Jones Jr.ADDRESS Frances Avenue

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07073

7076

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY      Somerset      MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN      Crisfield      LENGTH OF STAY (in this place)				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland      COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield      39 STREET ADDRESS      Main Street (If rural give location)			
3. NAME OF DECEASED: (First)      Bertha      (Middle)      Zenobia      (Last)      Fawcett				4. DATE (Month) (Day) (Year) OF DEATH: July 25, 1955			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)      Married	8. DATE OF BIRTH: March 20, 1881	9. AGE last birthday 74 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY: none			11. BIRTHPLACE (State or foreign country): Marion, Maryland	
13. FATHER'S NAME: Sidney Peyton				12. CITIZEN OF WHAT COUNTRY? U. S? A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			17. INFORMANT & ADDRESS: William A. Fawcett, Crisfield, Maryland	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>153X</b> IMMEDIATE CAUSE <i>Carcinoma of Colon</i> ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO (B) DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July 5, 1955</i> , to <i>July 25, 1955</i> , that I last saw the deceased alive on <i>July 25, 1955</i> , and that death occurred at <i>6:45 AM</i> , from the causes and on the date stated above. SIGNATURE <i>Sidney Peyton</i> ADDRESS <i>Crisfield, Md.</i> DATE SIGNED <i>July 25, 1955</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 27, 1955		NAME OF CEMETERY OR CREMATORIUM Crisfield Cemetery		LOCATION (City, town, or county) Crisfield, Maryland (State)	
DATE REC'D BY LOCAL REGISTRAR 7/27/55		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield, Md.			

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**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

117074

7077

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

**PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crisfield LENGTH OF STAY (in this place) dead on arrival				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingston STREET ADDRESS (If rural give location)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready Hospital							
3. NAME OF DECEASED: (Type or Print)		(First) MAUDE	(Middle) BETH	(Last) GARDINIER	4. DATE (Month) (Day) (Year) OF DEATH: July 19 19 55		
5. SEX: Female		6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH: May 21, 1873	9. AGE last birthday 82 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10B. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Springville, New York 12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Burwell E. Hawkins				14. MOTHER'S MAIDEN NAME: Emma Jane Potter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Miss Arlene Gardiner-Kingston, Md.			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE 422.2 ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A) DUE TO Acute Dil. of heart - (B) DUE TO Goiter (C) DISEASE OR CONDITION CAUSING DEATH. Chronic Myositis & Chronic Nephritis INTERVAL BETWEEN ONSET AND DEATH 24 hrs. Year Year							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> M.		21F. HOW DID INJURY OCCUR? July 19 55			
22. I hereby certify that I attended the deceased from July 19, 1955, to July 19, 1955, that I last saw the deceased alive on July 19, 1955, and that death occurred at 11:40 AM, from the causes and on the date stated above. SIGNATURE George C. Coulton, M.D. ADDRESS DATE SIGNED July 22, 1955							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 22, 1955	NAME OF CEMETERY OR CREMATORIAL Rehobeth Presbyterian Cem.		LOCATION (City, town, or county) Rehobeth, Md. (State)		
DATE REC'D BY LOCAL REGISTRAR July 22, 1955		REGISTRAR'S SIGNATURE Nellie A. Payne		24. FUNERAL DIRECTOR Bradshaw & Sons-Crisfield, Md. ADDRESS			

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7/16/69

## CERTIFICATE OF DEATH

117075

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY <b>Somerset</b> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <b>Maryland</b> COUNTY <b>Somerset</b>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>39</b> TOWN		LENGTH OF STAY (in this place) <b>Crisfield</b> lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Crisfield</b>		STREET ADDRESS <b>S. 4th St.</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>S. 4th St.</b>						(If rural give location)	
3. NAME OF DECEASED: (Type or Print) <b>DORSEY</b>		(First) (Middle) (Last) <b>LEMONT</b> <b>HANDY</b>		4. DATE (Month) (Day) (Year) OF DEATH: <b>July 8 1955</b>			
5. SEX: <b>Female</b>		6. COLOR OR RACE: <b>Colored</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>single</b>		8. DATE OF BIRTH: <b>May 20, 1955</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>none</b>		9. AGE last birthday yrs. <b>1</b> Months <b>16</b> Days <b>18</b> Hours <b>15</b> Min.		11. BIRTHPLACE (State or foreign country): <b>Crisfield, Md.</b>	
13. FATHER'S NAME: <b>Richard D. Handy</b>		14. MOTHER'S MAIDEN NAME: <b>Doris Lane</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>No</b>		16. SOCIAL SECURITY NO. <b>773-0</b>		17. INFORMANT & ADDRESS: <b>S. 4th St.</b> <b>Mrs. Doris Lane Handy - Crisfield, Md.</b>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>IMMEDIATE CAUSE</b> <b>Marasmus</b>		(A) DUE TO					
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO					
(C)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION <b>0</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>M.</b>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10</b> , <b>1955</b> , and that death occurred at <b>12:15 P.M.</b> from the causes and on the date stated above. Signature <b>Notified 1955</b>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>July 9, 1955</b>		NAME OF CEMETERY OR CREMATORIUM <b>Lawsonia Cemetery</b>		LOCATION (City, town, or county) (State) <b>Crisfield, Md.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>7/9/55</b>		REGISTRAR'S SIGNATURE <b>Betty W. Tyler</b>		24. FUNERAL DIRECTOR Bradshaw & Sons-Crisfield, Md.		ADDRESS	

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JUL 13 1955

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

117076

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

COUNTY SomersetCITY (If outside corporate limits, write RURAL  
OR and give nearest town)TOWN 349

MARYLAND

LENGTH OF STAY  
(in this place)  
20 yrs.HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS  
503. NAME OF  
DECEASED:  
(First) Elijah (Middle) N. (Last) Johnson  
(Type or Print)4. SEX M COLOR OR 6 RACE: Col. 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify) widowed10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): Farmer13. FATHER'S NAME: Jasne Johnson15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) No

16. SOCIAL SECURITY NO.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

795.0

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.(A)  
DUE TO(B)  
DUE TO

(C)

Natural Causes - was found  
dead July 6-1955 Last Seen alive  
on July 3-1955INTERVAL BETWEEN  
ONSET AND DEATHII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

NoNo operation

## 20. AUTOPSY?

YES  NO 21D. ACCIDENT WAS UNDERLYING  OR CONCLUDING CAUSE OF DEATH OF DECEASED  
(If either, notify medical examiner)21E. PLACE (Home, farm, factory,  
store, office, etc.) At Home21F. WHERE DID (City or town) (County) (State)  
INJURY OCCUR William H. Coulbourne, Marion Sta., Md.DEPUTY MEDICAL EXAMINER John Coulbourne21G. HOW DID INJURY OCCUR Box SOMERSET COUNTY, Md.21H. TIME (Month) (Day) (Year) (Hour)  
OF INJURY July 6, 195521I. INJURY OCCURRED While at work21J. HOW DID INJURY OCCUR Not while at work21K. FROM THE CAUSES AND ON THE DATE STATED ABOVE.  
ADDRESS Crisfield, Md. DATE SIGNED July 7-195521L. SIGNATURE John Coulbourne M.D.21M. LOCATION (City, town or county) (State)  
Marion Sta., Md.21N. DATE REC'D BY LOCAL REGISTRAR 7/8/5521O. REGISTRAR'S SIGNATURE Betty W. Tyler21P. FUNERAL DIRECTOR Chas. H. Ward, Marion Sta., Md.

21Q. ADDRESS

1000

1000  
1000

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7-178

07077

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Chance</u>		<u>Lifetime</u>		TOWN <u>Chance</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Chance P.O.</u>		STREET ADDRESS		(If rural give location)			
3. NAME OF DECEASED: (Type or Print) <u>Grant</u>		(First)	(Middle)	(Last)	4. DATE (Month) (Day) (Year) OF DEATH <u>July 25 1955</u>		
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>Cel.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>1858</u>	9. AGE last birthday yrs. <u>97</u>	10. KIND OF BUSINESS OR INDUSTRY: <u>Oyster Shucker</u>	11. BIRTHPLACE (State or foreign country): <u>Chance, Md.</u>	12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Waterman</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Oyster Shucker</u>		13. FATHER'S NAME: <u>Edward Jones</u>	14. MOTHER'S MAIDEN NAME: <u>Liza Jones</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>217-14-8479</u>		17. INFORMANT & ADDRESS: <u>Nash Williams - Chance, Md.</u>			18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		(A) DUE TO <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>			
IMMEDIATE CAUSE <u>241X</u>		(B) DUE TO <u>Chronic Bronchial Asthma</u>		6 years			
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(C)					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		<u>General Arteriosclerosis</u>		6 years			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		21C. WHERE DID (City or town) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Ap 10, 1946</u> to <u>July 25 1955</u> , that I last saw the deceased alive on <u>July 24, 1955</u> , and that death occurred at <u>9:30 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Edward G. Johnson</u> ADDRESS <u>M. D. Process Annex, Anne Arundel 7-26-55</u> DATE SIGNED							
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) <u>Burial</u> <u>7-28-55</u>		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <u>Chance Cemetery, Chance, Md.</u>		(State)			
DATE REC'D BY LOCAL REGISTRAR <u>7/27/55</u>		REGISTRAR'S SIGNATURE <u>H. H. Johnson, M. D.</u>		24. FUNERAL DIRECTOR ADDRESS <u>G. Bradshaw &amp; Sons, Croftfield, Md.</u>			

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1778

7/79

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

COUNTY Somerset

CITY (If outside corporate limits, write RURAL LENGTH OF STAY  
OR and give nearest town) RURAL LENGTH OF STAY  
(in this place)

TOWN Crisfield

HOSPITAL OR  
INSTITUTION OR

STREET ADDRESS McGready Hospital

3. NAME OF  
DECEASED:  
(Type or Print)

(First) Pearl

(Middle)

(Last)

Lankford

## 4. SEX:

Female White

5. COLOR OR  
RACE:  
Housewife6. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify) Married7. S. DATE OF BIRTH:  
Feb. 12, 188610a. USUAL OCCUPATION Give kind of  
work done during most of working life,  
even if retired):

Housewife

10b. KIND OF BUSINESS OR  
INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Virginia

12. CITIZEN OF WHAT  
COUNTRY?

USA

## 13. FATHER'S NAME:

Robert Walker

## 14. MOTHER'S MAIDEN NAME:

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service)

No

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT &amp; ADDRESS:

Estell Jones, Crisfield, Md.

## 18. MEDICAL CERTIFICATION

161X  
Immediate cause(a)  
DUE TO

Carcinoma, epiglottis

Interval Between  
Onset And Death

6 mo.

## Antecedent causes (s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last.(b)  
DUE TO

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 21. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,  
or office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)

OF  
INJURY

INJURY OCCURRED

While at  
m. Work  At Work 

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19, 1956, to July 1, 1955, that I last saw the deceased

alive on July 1, 1955, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, DATE THEREOF  
REMOVAL (Specify)

BURIAL

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION City, town, or county,

(State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  
REGISTRAR

REGISTRAR

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

REGISTRAR

7/2/55

Betty W. Tyler

7/2/55

VS A15

BERNARD V. S.

S.



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7679

7:18 P.M.

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

COUNTY Somerset MARYLAND  
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY  
 OR and give nearest town) (in this place)  
 TOWN Rural - Cris field 78 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN Rural - Crisfield  
 STREET ADDRESS Asbury Ave

## 3. NAME OF DECEASED: (First) (Middle) (Last)

George Wesley Lawson

## 4. DATE OF DEATH: (Month) (Day) (Year)

July 18, 1955

## 5. SEX:

6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED,  
Male White Married

8. DATE OF BIRTH: Dec. 12, 18769. AGE last birthday: IF UNDER 1 YEAR  IF UNDER 24 HRS  
 yrs. 78 months 25 days 6 hours Min.

## 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired.)

## 10b. KIND OF BUSINESS OR INDUSTRY:

## 11. BIRTHPLACE (State or foreign country):

## 12. CITIZEN OF WHAT COUNTRY?

WatermanSeafood FisherCrisfield, MarylandUSA

## 13. FATHER'S NAME:

George W. Lawson

## 14. MOTHER'S MAIDEN NAME:

Alice Riggan

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or blank.) (If Yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.:

## 17. INFORMANT &amp; ADDRESS:

218-20-5857ALeo Lawson, Crisfield, Md.

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Hypertension

(a) DUE TO

Coronary ThrombosisInterval Between  
Onset And Death

10 days

Immediate cause

(a) DUE TO

Arterio-sclerosisAntecedent causes (s)  
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

None

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

None

## 20. AUTOPSY?

Yes  No 21. ACCIDENT (Specify)  
SUICIDE  
HOMICIDEPLACE (Home, farm, factory, street, of office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURYINJURY OCCURRED  
While at Work  Not While At Work 

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1955, to July 18, 1955, that I last saw the deceased alive on July 18, 1955, and that death occurred at 2:15 P.M. from the causes and on the date stated above.SIGNATURE John Rawley M.D.

(Degree or title)

ADDRESS 7-19-55

DATE SIGNED

## 23. BURIAL, CREMATION, REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORIUM

## LOCATION (City, town, or county)

## (State)

Burial  
DATE RECD BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

July 20, 1955

Sunny Ridge

24. FUNERAL DIRECTOR

Crisfield, Md.

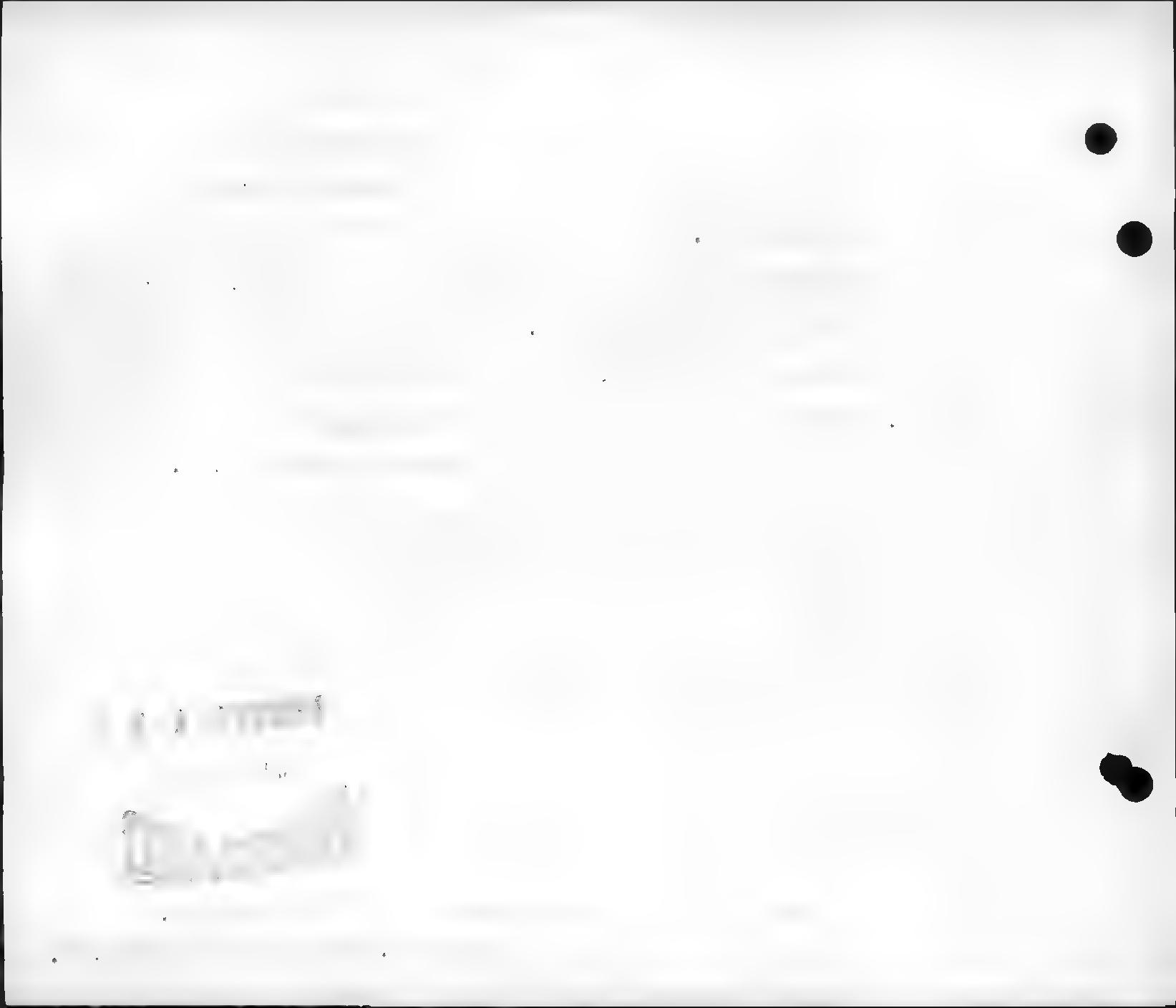
ADDRESS

7/19/55

Betty W. Tyler

Durward Q. Covington

Crisfield, Md.



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

117180

7-171

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)

TOWN

Crisfield

1 day

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

Small Boat Harbor

3. NAME OF  
DECEASED:  
(Type or Print)

(First) MARION

(Middle)

(Last)

MADDOX

4. SEX: Male

6. COLOR OR  
RACE: Colored10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): none7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): Single8. DATE OF BIRTH:  
March 2, 19389. AGE last birthday:  
17 yrs.4. DATE (Month)  
OF DEATH: July 5  
(Year) 195510B. KIND OF BUSINESS  
OR INDUSTRY: 

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT  
COUNTRY? USA

13. FATHER'S NAME:

Leroy Maddox

14. MOTHER'S MAIDEN NAME:

Evelyn Savage Doanes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) NO16. SOCIAL SECURITY NO: 

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9-17-8

IMMEDIATE CAUSE

(A)  
DUE TO

Accidental

ANTECEDENT CAUSE (S)

(B)  
DUE TODISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST

(C)

Drowning

INTERVAL BETWEEN  
ONSET AND DEATHII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

Drowned

William H. Coulbourn, M.D.  
REPUTY MEDICAL EXAMINER, M.D.  
FOR SOMERSET COUNTY, MD.

19A. DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION

No

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
mine, etc.) WHERE DID (City or town)

INJURY OCCUR?

(County) State

Crisfield Somerset Md

21C. HOW DID INJURY OCCUR?

While Not while  
at work at work

at work

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

While Not while  
at work at work

July 5-1955 3:00 P.M.

at work

22. I hereby certify that I attended the deceased

at 10:00 A.M., 10:00 P.M., to

alive or dead at the time of death.

and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE

ADDRESS

Burial

DATE SIGNED

BURIAL, CREMATION,  
REMOVAL (SPECIFY)

M.D.

DATE REC'D BY LOCAL  
REGISTRAR

LOCATION (City, town, or county) (State)

7/7/55

Kingston, Md.

REGISTRAR'S SIGNATURE

ADDRESS

Betty W. Tyler

Bradshaw &amp; Sons—Crisfield, Md.

100

100



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07081

7-181

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH.

COUNTY      Somerset  
 CITY (If outside corporate limits, write RURAL  
 OR and give nearest town)  
 TOWN      Ewell      MARYLAND  
 HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS      Ewell

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE      Maryland      COUNTY      Somerset  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN      Tylerston  
 STREET  
 ADDRESS      None      (If rural give location)

3. NAME OF  
 DECEASED:  
 (Type or Print)

(First)      Eddie      (Middle)      WATSON

(Last)      MARSHALL

4. DATE (Month) (Day) (Year)  
 OF DEATH: July 11, 1955

## 5. SEX:

6. COLOR OR  
 RACE:      7. SINGLE, MARRIED,  
 WIDOWED, DIVORCEO.  
 (Specify)

Male      White

10A. USUAL OCCUPATION (Give kind of  
 work done during most of working life,  
 even if retired) Waterman10B. KIND OF BUSINESS  
 OR INDUSTRY: Seafood

8. DATE OF BIRTH: Sept. 23, 1892

9. AGE last birthday      IF UNDER 1 YEAR  
 Months      Days      Hours      Min.

62

yrs

Months

Days

Hours

Min.

## 13. FATHER'S NAME:

Cooper Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
 (Yes, no, or unk.) (If Yes, give war or dates  
 of service)

No

## 16. SOCIAL SECURITY NO.

218-11-1913

## 17. INFORMANT &amp; ADDRESS:

Mrs. Myrtle Marshall, Ewell, Maryland

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4/17/1

IMMEDIATE CAUSE

(A)  
 DUE TO

Coronary Occlusion

## ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
 GIVING RISE TO THE ABOVE CAUSE  
 STATING UNDERLYING CAUSE LAST.(B)  
 DUE TO

Natural causes

(C)

Arterio Sclerosis

INTERVAL BETWEEN  
 ONSET AND DEATHII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH, BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

William H. Coulbourn, M. D.

20. AUTOPSY  
 YES  NO 21A. ACCIDENT WAS UNDERLYING   
 OR CONTRIBUTING  CAUSE OF DEATH  
 (If either, notify medical examiner)21B. PLACE (Home, farm, factory,  
 street, office bldg., etc.)  
 OF INJURYDEPUTY MEDICAL EXAMINER (County)  
 ADDRESS  
 FOR SOMERSET COUNTY, Md.

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
 OF INJURY21E. INJURY OCCURRED  
 While  Not while   
 at work  at work 

21F. HOW DID INJURY OCCUR?

Natural Cause

22. I hereby certify that I attended the deceased from  
 alive on July 14, 1955, and that death occurred at 7 P.M.  
 SIGNATURE W.H. Coulbournto 19 July 14, 1955 that I last saw the deceased  
 ADDRESS  
 DATE SIGNED23. BURIAL, CREMATION,  
 REMOVAL (SPECIFY)  
 Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, Town, or county)

(State)

DATE REC'D BY LOCAL  
 REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Bradshaw Funeral Parlors, Crisfield, Md.

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أنت أنت

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7082

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

07082

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Somerset Rumbley none	MD LENGTH OF STAY (In this place)	MARYLAND Maryland STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Lifetime		
3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	William	Grant	Meredith
4. SEX. Male	6. COLOR OR RACE. White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. Married	8. DATE OF BIRTH: Oct. 9, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman	10B. KIND OF BUSINESS OR INDUSTRY: Catching seafood	11. BIRTHPLACE (State or foreign country): Fairmount, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hezekiah Meredith	14. MOTHER'S MAIDEN NAME: Elizabeth Ford	17. INFORMANT & ADDRESS: Mrs. Willis Parks, Rumbley, Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No	16. SOCIAL SECURITY NO	18. MEDICAL CERTIFICATION	
		(A) DUE TO <i>Coronary Aneurysm</i>	INTERVAL BETWEEN ONSET AND DEATH <i>about 16 hrs</i>
		(B) DUE TO <i>Heart Disease</i>	<i>6 months</i>
		(C) DUE TO <i>Heart Disease</i>	<i>6 months</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		<i>Chronic Arteriosclerosis</i>	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
19C. DATE OF DEATH	21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		
19D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21B. PLACE (Home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) (State)
M.	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Rumbley about 6 months</i>	
22. I hereby certify that I attended the deceased from alive on <i>July 13, 1955</i> , and that death occurred at <i>11:45 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>George E. Johnson Jr.</i>			
ADDRESS <i>Marion St. May 26, 1955</i>			
DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF July 26, 1955	NAME OF CEMETERY OR CREMATORIUM Fairmount Cemetery	LOCATION (City, town, or county) (State) Fairmount, Maryland
DATE REC'D BY LOCAL REGISTRAR 7/26/55	REGISTRAR'S SIGNATURE R. W. Johnson, M.D.	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield, Md.	ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07083

7-183

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

COUNTY **Somerset** MARYLAND  
 CITY (If outside corporate limits, write RURAL  
 OR and give nearest town) **Crisfield** LENGTH OF STAY  
 TOWN **2 weeks**

HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS **McCready Hospital**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Somerset**  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR TOWN **Crisfield** 39  
 STREET ADDRESS **Mariners Section**

3. NAME OF  
 DECEASED.  
 (Type or Print)(First) **ELVA** (Middle) **MAE** (Last) **RIGGIN**4. DATE (Month) (Day) (Year)  
 OF DEATH: **July 17 1955**

## 5. SEX:

6. COLOR OR  
 RACE:**Female** **White**7. SINGLE, MARRIED,  
 WIDOWED, DIVORCED,  
 (Specify) **Married**

## 8. DATE OF BIRTH:

**January 29, 1914**

## 9. AGE last birthday

**41**

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HRS.

Days

## (Year)

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
 work done during most of working life,  
 even if retired) **Owner**10B. KIND OF BUSINESS  
 OR INDUSTRY:**Truck Freight Service**11. BIRTHPLACE (State or foreign country): **Crisfield, Md.**12. CITIZEN OF WHAT  
 COUNTRY? **USA**

## 13. FATHER'S NAME:

**George T. Miles**

## 14. MOTHER'S MAIDEN NAME:

**Mary Isabelle Tawes**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
 (Yes, no, or unk.) **No** (If Yes, give war or dates  
 of service) **—**

## 16. SOCIAL SECURITY NO.

**224-28-5846**

## 17. INFORMANT &amp; ADDRESS:

**W. Edwin Riggin, III - Crisfield, Md.**18. MEDICAL CERTIFICATION  
 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHINTERVAL BETWEEN  
 ONSET AND DEATH**4/10X**

IMMEDIATE CAUSE

## DUE TO

**(A) Myocardial Failure & Pulmonary Infection July 4**

ANTECEDENT CAUSE (S)

**(B) Mental Senescence Insufficiency Jan. 1**DISEASES OR CONDITIONS, IF ANY,  
 GIVING RISE TO THE ABOVE CAUSE  
 STATING UNDERLYING CAUSE LAST.**(C) Rheumatic Heart Disease Jan 1**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
 YES  NO 21A. ACCIDENT WAS UNDERLYING   
 OR CONTRIBUTING  CAUSE OF DEATH  
 (If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
 OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
 INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
 OF INJURY21E. INJURY OCCURRED  
 While  Not while   
 at work  at work 

## 21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from **Jan. 1, 1955**, to **July 17, 1955**; that I last saw the deceased  
 alive on **July 17, 1955**, and that death occurred at **3:10 AM**, from the causes and on the date stated above.  
 SIGNATURE **Sarah M. Peyton** ADDRESS **Crisfield, Md.** DATE SIGNED **July 18, 1955**

23. BURIAL, CREMATION,  
 REMOVAL (SPECIFY)  
**Burial**DATE THEREOF **July 19, 1955** NAME OF CEMETERY OR CREMATORIUM **Asbury Cemetery**LOCATION (City, town or county) **Crisfield, Md.** (State)DATE REC'D BY LOCAL  
 REGISTRARREGISTRAR'S SIGNATURE **Betty W. Tyler**

## 24. FUNERAL DIRECTOR

**Bracshaw & Sons—Crisfield, Md.**

ADDRESS

**7/18/55**

1970

JUL 20 1970

7184

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

COUNTY **Somerset** MARYLAND  
 CITY (If outside corporate limits, write RURAL or and give nearest town)  
 TOWN **Rural-Crisfield** LENGTH OF STAY (in this place) **97 yrs.**

HOSPITAL OR INSTITUTION OR STREET ADDRESS **Johnson Creek Rd.**

3 NAME OF DECEASED: (First) **Jerome** (Middle) **C.** (Last) **Sterling**  
 (Type or Print)

5. SEX: **Male** 6. COLOR OR RACE: **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED.  
 (Specify): **Widower** 8. DATE OF BIRTH: **March 18, 1858** 9. AGE last birthday: **97**

10a. USLAL OCCUPATION Give kind of work done during most of working life, even if retired. **Waterman-Famer**

10b. KIND OF BUSINESS OR INDUSTRY: **Seafood-Farming**

11. BIRTHPLACE (State or foreign country): **Crisfield, Maryland**

12. CITIZEN OF WHAT COUNTRY? **USA**

## 13. FATHER'S NAME:

**Christopher Sterling**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO.: **None**

17. INFORMANT & ADDRESS:

**Hattie Daugherty, Crisfield, Md.**

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**450.0**  
Immediate cause

(a) DUE TO

*Arteriosclerosis*

Interval Between  
Onset And Death

## Antecedent causes(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No

## 21. ACCIDENT (Specify)

PLACE (Home, farm, factory, street, of office bldg., etc.)  
**OF INJURY**

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
 OF INJURY

INJURY OCCURRED  
 While at Work  Not While At Work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **January 13, 1955** to **July 8, 1955**, that I last saw the deceased

alive on **July 8, 1955**, and that death occurred at **11:00 P.M.** from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

## 23. BURIAL CREMATION, DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

REMOVAL (Specify)

Burial  
DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

**July 10, 1955 Asbury Cemetery Crisfield, Md.**

**Durward Q. Covington, Crisfield, Md.**

100

100

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7072

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

07085

## 1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)

TOWN Crisfield

lifetime

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

N. First St.

3. NAME OF  
DECEASED:  
(Type or Print)

(First) MILTON

(Middle) SWIFT, JR.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town)  
OR  
TOWN CrisfieldSTREET  
ADDRESS

(If rural give location)

N. First St.

## 4. DATE (Month) (Day) (Year)

OF  
DEATH: July 4 1955

## 5. SEX:

Male White

6. COLOR OR  
RACE:7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify): single

## 8. DATE OF BIRTH:

Nov. 19, 1954

## 9. AGE last birthday

IF UNDER 1 YEAR  
yrs. 15IF UNDER 24 HRS.  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): none10B. KIND OF BUSINESS  
OR INDUSTRY:

none

## 11. BIRTHPLACE (State or foreign country):

Crisfield, Md.

12. CITIZEN OF WHAT  
COUNTRY?

USA

## 13. FATHER'S NAME:

Milton Swift

## 14. MOTHER'S MAIDEN NAME:

Ruth Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) NO

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT &amp; ADDRESS:

Milton Swift-N. First St.-Crisfield, Md.

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

493X

## 18. MEDICAL CERTIFICATION

## IMMEDIATE CAUSE

## DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

## ANTECEDENT CAUSE (S)

## DUE TO

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST

## (R)

## DUE TO

History of pneumonia

Cardiac complications

(little medical attention)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

William H. Coulbourn, M.D.

DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY, MD.

20. AUTOPSY?  
YES  NO 

## 19A. DATE OF OPERATION:

## 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)21C. PLACE (Home, farm, factory,  
or office, street, office bldg., etc.)

## 21E. INJURY OCCURRED

## 21C. WHERE DID (City or town)

## INJURY OCCUR?

## (County)

## (State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21F. HOW DID INJURY OCCUR?

While  Not while   
at work  at work 

22. I hereby certify that I attended the deceased from

alive on \_\_\_\_\_, 19\_\_\_\_\_, and that death occurred at 10:00 A.M. from the causes and on the date stated above.

## SIGNATURE

ADDRESS DATE SIGNED

23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORIUM

## LOCATION (City, town, or county)

## (State)

burial

July 6, 1955

Crisfield Cemetery

Crisfield, Md.

DATE REC'D BY LOCAL  
REGISTRAR

REGISTRAR'S SIGNATURE

7/6/55

Betty W. Tyler

## 24. FUNERAL DIRECTOR

Bradshaw &amp; Sons-Crisfield, Md.

## ADDRESS

7 A. D. 1700

1000 ft. 100



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7-85

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

07086

## 1. PLACE OF DEATH:

COUNTY	Somerset	MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)
TOWN	Crisfield	Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS	McCready Memorial Hospital	

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	Maryland	COUNTY	Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Crisfield		39
STREET ADDRESS	710 Broadway		1

3. NAME OF  
DECEASED:  
(Type or Print)

(First) Asbury

(Middle) —

(Last) Thomas

4. DATE (Month) (Day) (Year)  
OF DEATH: July 28 1955

## 5. SEX:

Male

6. COLOR OR  
RACE:

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify)

Married

## 8. DATE OF BIRTH:

Feb. 18, 1917

## 9. AGE last birthday

38 yrs. yrs.

## IF UNDER 1 YEAR

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired):

Laborer

10B. KIND OF BUSINESS  
OR INDUSTRY:

Canning factory

## 11. BIRTHPLACE (State or foreign country):

Crisfield, Maryland

12. CITIZEN OF WHAT  
COUNTRY?

U. S. A.

## 13. FATHER'S NAME:

Asbury Thomas

## 14. MOTHER'S MAIDEN NAME:

Annie Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.)

No

(If Yes, give war or dates  
of service)

## 16. SOCIAL SECURITY NO.

220-03-3532

## 17. INFORMANT &amp; ADDRESS:

Margaret Jones Thomas, Crisfield, Md.

18. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

550.0

## IMMEDIATE CAUSE

## (A) DUE TO

Appendicitis, acute,  
with shock + Cardiac  
dilatation acute.INTERVAL BETWEEN  
ONSET AND DEATH

24 hrs

## ANTECEDENT CAUSE (B)

## (B) DUE TO

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

## (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

7-27-55

inguinated appendicitis acute

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

## 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 1955 to 7-28, 1955, that I last saw the deceased  
alive on 7-28, 1955, and that death occurred at 6 A.M., from the causes and on the date stated above.  
SIGNATURE *Betty W. Tyler* ADDRESS *Crisfield Md.* DATE SIGNED23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
BurialDATE THEREOF  
July 30, 1955NAME OF CEMETERY OR CREMATORIUM  
Lawsonia CemeteryLOCATION (City, town, or county) (State)  
Crisfield, Maryland (Somerset)DATE REC'D BY LOCAL  
REGISTRAR

7/30/55

REGISTRAR'S SIGNATURE  
*Betty W. Tyler*

## 24. FUNERAL DIRECTOR

Bradshaw Funeral Parlors, Crisfield, Md.

BUREAU V. S.

UG 1 1955

RECEIVED

7073

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN CrisfieldLENGTH OF STAY  
(in this place)  
lifetimeHOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

5 Collins St.

3. NAME OF  
DECEASED:  
(First)  
(Type or Print)

EVERETT

(Middle)

(Last)

WATERS

4. SEX:  
Male6. COLOR OR  
RACE:  
Colored7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): widowed8. DATE OF BIRTH:  
April 10, 18999. AGE last birthday  
56 yrs.10. IF UNDER 1 YEAR  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): laborer10B. KIND OF BUSINESS  
OR INDUSTRY:  
Seafood Industry11. BIRTHPLACE (State or foreign country):  
Crisfield, Md.12. CITIZEN OF WHAT  
COUNTRY?  
USA

## 13. FATHER'S NAME:

Nathaniel Waters

## 14. MOTHER'S MAIDEN NAME:

Effie Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk) (If Yes, give war or dates  
of service) yes WWI16. SOCIAL SECURITY NO.  
218-12-128217. INFORMANT & ADDRESS:  
Mrs. Effie Williams- 5 Collins St.  
Crisfield, Md.18. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.2

IMMEDIATE CAUSE

## (A) DUE TO

Asthma

## ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

## (B) DUE TO

## (C)

Cardiac complication

INTERVAL BETWEEN  
ONSET AND DEATHII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

Emaciation

## 19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION William H. Coulbourne, M.D.

20. AUTOPSY  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory  
OF INJURY: etc.) INJURY OCCURRED  
SOMERSET COUNTY, MD. (County) (State)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work   
M.   

21F. HOW DID INJURY OCCUR?

## 22. I hereby certify that I attended the deceased from before June 19, 1955, that I last saw the deceased

alive on \_\_\_\_\_, 19\_\_\_\_\_, and that death occurred at 1:30 a.m., from the causes and on the date stated above.  
SIGNATURE23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

burial

## DATE THEREOF

July 6, 1955

## NAME OF CEMETERY OR CREMATORIUM

Lawsonia Cemetery

## LOCATION (City, town, or County) (State)

Crisfield, Md.

DATE REC'D BY LOCAL  
REGISTRAR

7/6/55

## REGISTRAR'S SIGNATURE

Betty W. Tyler

## 24. FUNERAL DIRECTOR

Bradshaw &amp; Sons-Crisfield, Md.

BUREAU V. 2

JUL 11 1955

RECEIVED